2026-2027 Registration/Emergency Form

Child's Name: _____

Child's Date of Birth: _____ Child's Gender: _____

Child's Grade for 2026-2027 School Year: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Phone Number(s): _____

Insurance Info: Living Faith Lutheran Church does NOT carry health insurance on participants/members/friends. Any cost resulting from an illness or injury is the sole responsibility of the parent/guardian. In the event of an emergency and the parent/guardian or the emergency contact is unable to be contacted, the Living Faith Lutheran Church representative may authorize medical treatment for my child.

Child's Insurance Name: _____ Subscriber ID: _____

Name of Family Physician: _____ *If no insurance or physician, please write None*

Emergency Contact *If parent/guardian cannot be reached*

Name: _____ Phone Number: _____

Emergency Contact Relationship: _____

Medical Conditions or Allergies: In none, please write none. _____

_____

_____

Participation Agreement/Medical Release: By submitting this form, parent(s) or legal guardian(s) of this minor, do hereby authorize Living Faith Lutheran Church as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care of service, which is deemed advisable and is to be rendered to said

minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the above-mentioned physician, in the exercise of his.her best judgment, may deem advisable to protect the life and health of said minor child. This authorization is given and shall remain in effect from signature date for ONE YEAR, unless sooner revoked in writing and delivered to said agents. I acknowledge that participation in the activity described above involves risk to the Participant (and to the Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if the Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claims for damages arise, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/Guardian Signature: _____ Date: _____

Photography, Video, and Web Publishing: Living Faith Lutheran members/students/friends/participants may be photographed or videotaped, and their name and/or work displayed for educational and/or not-for-profit use in various ways: newsletter articles, community newspaper articles, building videos, rosters, as well as building, and web pages, etc. If you DO NOT want your child to participate in the aforementioned activities, submit your request in writing to Living Faith Lutheran Church.

Parent/Guardian Signature: _____ Date: _____